

ISSUER'S STAMP AREA (for additional space if needed)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	BH	60245	10/29/93
O.I.P.E. CLASSIFIER	DM	99	9/25/93
FORMALITY REVIEW		70003	10/2/93

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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29	8 16
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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